



HPAE

LOCAL 5118

A Newsletter for the members of
HPAE Local 5118 at Cooper Hospital

THE COMMUNICATOR

October 2018

Message from the President



In November we will be having divisional unit meetings. The purpose of these meetings is to have the opportunity for us to meet face to face with you to discuss what is happening in each of your units. Both good and not so good!

Our first meeting will be with the Medical Surgical nurses in November. Keep an eye out for the meeting announcements. Hope to see many of you at the meetings.

The timing of the unit meetings could not be better because the announcement of the new Chief Nursing Officer should be happening sometime in October. We need to send a strong message to this person about what our needs are as nurses in order for us to safely take care of our patients. I'm hoping the new CNO will be A Nurse's Nurse. Someone who will stand up for us, understand what we need and realize that HPAAE nurses play a very important role in what Cooper Hospital is all about.

Because we spoke up, the Professional Ladder changes did NOT go into effect and are under review. **Because we spoke up**, we NO LONGER have to complete the regulatory checklist. **Because we spoke up** the nurses at MD Anderson in Voorhee's and Camden **CAN NOW** ask Pool nurses to work for them. **"WE", as Union nurses are stronger when we are together as one.**

In Solidarity,
Doris

Drug Diversion and Nursing

Drug diversion of controlled substances is an issue that can affect healthcare professionals. Theft of controlled substances can happen for personal use (addiction, to supply others or for financial gain). As healthcare professionals we are aware of the importance of administering narcotics and the documentation that is needed.

What we may not be aware of are signs to look for if we suspect a nurse of drug diversion. Here are a few of those signs.

- changes in job performance
- absences from the unit for long periods
- multiple restroom breaks
- subtle changes in appearance
- increased isolation from colleagues
- diminished alertness, confusion
- large amount of narcotic wastage
- incorrect narcotic counts
- numerous correction of narcotic records
- frequent reports of ineffective pain relief from patients
- offers to medicate co-workers patients for pain

If you have concerns about a co worker please contact your manager. If you know someone who needs an intervention New Jersey has a program called Ramp that can help someone with an addiction issue.

The hospital also monitors for drug diversion. They will audit the Omnicell records and see who

medicates the most, if there are more medications given on a certain shift by a certain nurse, and for multiple wastes of narcotics. They also do random patient interviews. They ask them how their pain is and did they receive medication. If a patient states they never got pain medications and are in pain the managers will review the Omnicell, MAR and nurses notes to see if narcotics were documented as given.

Please remember

1. Only take out one narcotic at a time for one patient, scan immediately and document. Your withdraw of a narcotic and the time you scan and give it to a patient will be monitored.
2. When you are asked to witness a narcotic waste you MUST actually see the medication being wasted. Do not assume it was. Make sure you see the RN draw it up from the vial/poured down the drain or put into the needle box. This is not about trusting your coworker. This is about following policy and being safe.
3. Make sure all your documentation is accurate and complete.
4. Follow the process. If your narcotic count is off, contact management ASAP.

We are working so fast and trying to get everything done. When it comes to narcotics we need to slow down and be very accurate.

Jackie Franchetti

Nursing student receives HPAE Union Scholarship



The Peter J. McGuire Scholarships were presented to 18 students on August 31st, 2018. This scholarship is given to students that are associated with a union and are attending Rutgers University, Rowan University, Camden County College or Rowan College of Gloucester. The scholarship honors Peter J. McGuire who was a Key figure in the labor movement.

This year Local 5118 HPAE was proud to present our scholarship award to Shyla Calaf, a student from Camden County College. She will be applying to Rutgers to start her Nursing program in 2019.

Shyla's mother - Monique Long - is a telephone operator at Cooper Hospital.

Congratulations Shyla.....maybe we will see you at the coop one day!

Grievance Corner

Recent Grievances Filed:

1. Schedules: Continually posted late.
2. Dress code: Wearing a non approved jacket in the work area.
3. Agency usage: RN denied shifts that were granted to agency staff.

Recently WON the following grievances.

1. RN canceled late (less than 1.5 hours notice given)
2. RN mandated or canceled when extra time, OT and pool working within their float district
3. Verbal warning removed - RN did not disregard a managers direction.
4. Verbal warning removed - Expired sterile equipment

Disciplines

Nurses continue to be disciplined for:

1. Unlabeled lab specimens. The first discipline is a written warning the second is a suspension.
2. HIPPA violation. A RN looked up an employees room number. Remember, if its not a patient we are taking care of or affects our units' census (possible admissions) do not look up any patient/ employees information
3. Lateness

Please contact a union Rep if you are being investigated or disciplined. We are there to support you and make sure the proper process and discipline is issued.

Thank you
Jackie Franchetti

Local Union Updates

PACU/HOLDING: Cooper has opened the Holding area on Saturday's. The nurses and the Union leadership asked management how the weekend scheduling is going to be done, holiday on call, floating and the type of patients that will be there on Saturday's.

Outcome: Saturday scheduling shall be done by unit seniority with rotation, if low there is low census in the Holding area the nurse would go to PACU as a helper until needed back in Holding. Only pre op patients will be admitted to the Holding area on Saturdays. The hours are 7a to 7p.

K9: Opening this area without having the staff to do so has been a nightmare for all of us who have been pulled to cover the unit. The pulling of nurses is constant from all other units. There are double and triple floats occurring daily.

Outcome: Agency nurses have been contracted to work specifically on K9 and new Cooper nurses have been hired.

NICU: Management posted two mandatory training days after the final schedule was posted. Nurses were told they will be disciplined if they do not schedule themselves for one of these days. One of our Union Officers discussed this with management.

Outcome: There will be no discipline if nurses are unable to attend one of these scheduled days. Additional days will be added before the next final schedule is posted. The training is mandatory and all nurses have to attend.

MD Anderson: The nurses in Voorhee's and Camden were told they could not ask a Pool nurse to work for them if they needed a day off. Nurses were not getting their breaks. Clinical Practice nurses were being told they had to work in Triage when there was a need.

Outcome: The nurses, our Union leaders and management met to discuss these and other concerns. Nurses can ask Pool nurses to work for them as long as it is not overtime for the Pool nurse. The nurses were told they are entitled to their breaks and need to take them.

The Clinical Practice nurses do not have to go to Triage. Cross training will be provided to those nurses who do want to be able to work in Triage.



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UPDATE on KRONOS Guidelines and Process

Below is an explanation of the KRONOS process.

1. The Kronos timeline should be posted on every unit. If it isn't, please ask your manager to post it in an area where it can be seen by the nurses.
2. Except for UBP and Retiree Pool, we must submit our time by midnight at the end of week two (on the timeline). We will be locked out and unable able to submit or change our schedule after that time.
3. We can voluntarily switch to help balance the schedule during the Plan Sheet posted weeks of three and four. Some units put out a pencil schedule to make the changes. Other units use a switch form to make our changes. Voluntary switches can lessen our chances of an involuntary move later in the process. Keep in mind, management has the right to balance the schedule. To move us, our manager has to do it by seniority and rotation. If you feel you were incorrectly moved, ask your manager to see the rotation and switch lists. We get eight requests off per six week schedule. Requests off are not guaranteed.
4. Between weeks five and six UBP and Retiree Pool are contacted with the staffing needs, and they submit time accordingly.
5. The final Base hours are posted during week seven. If your units' schedule is not posted timely, please let us know

As the holidays approach, remember,

- If your unit is over staffed on the holiday, you may be asked to come off the holiday and work another day. This is a voluntary switch. This switch would fulfill that holiday requirement, be considered a holiday off, and places you at the bottom of the rotation list for the next holiday.
- When you remain on the holiday, and would like to be considered for LCPTO that day, remember to let your manager know you would like LCPTO. "MAKE YOUR REQUEST KNOWN".
- Managers and CODS will not call all the nurses on the day of the holiday to ask if we want LCPTO. Only those that made their request known will be contacted. Ask to see the request list and make sure your name is on it. Holiday LCPTO is granted by Unit Seniority and in order of the holiday rotation list on that unit (Article 7.6 in the Union contract). It is not granted the same way as regular LCPTO (Article 11.6). If we take LCPTO on a holiday it is considered a holiday off and we are placed at the bottom of the holiday rotation list.

If you have any questions, please contact one of our Officers or Union Reps.